

Exhibit I

UCC FINANCING STATEMENT

FOLLOW INSTRUCTIONS

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|--|
| A. NAME & PHONE OF CONTACT AT FILER (optional) Scratch Services, LLC |
| B. E-MAIL CONTACT AT FILER (optional) bizops@scratch.fi |
| C. SEND ACKNOWLEDGEMENT TO: (Name and Address) Scratch Services, LLC 375 Alabama Street Suite 360 San Francisco, CA 94110-9411 USA |

Michigan Department of State - Uniform Commercial Code

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THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

1. DEBTOR'S NAME: Provide only one Debtor name (1a or 1b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name); if any part of the Individual Debtor's name will not fit in line 1b, leave all of item 1 blank, check here and provide the Individual Debtor information in item 10 of the Financing Statement Addendum (Form UCC1Ad)

| | | | | |
|---|---------------------|-------------------------------|---------------------------|----------------|
| 1a. ORGANIZATION'S NAME VanTubergen | | | | |
| OR | | | | |
| 1b. INDIV DUAL'S SURNAME John | FIRST PERSONAL NAME | ADDITIONAL NAME(S)/INITIAL(S) | SUFFIX | |
| 1c. MAIL NG ADDRESS [REDACTED] | CITY [REDACTED] | STATE [REDACTED] | POSTAL CODE [REDACTED] | COUNTRY USA |

2. DEBTOR'S NAME: Provide only one Debtor name (2a or 2b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name); if any part of the Individual Debtor's name will not fit in line 2b, leave all of item 2 blank, check here and provide the Individual Debtor information in item 10 of the Financing Statement Addendum (Form UCC1Ad)

| | | | | |
|--------------------------|---------------------|-------------------------------|-------------|---------|
| 2a. ORGANIZATION'S NAME | | | | |
| OR | | | | |
| 2b. INDIV DUAL'S SURNAME | FIRST PERSONAL NAME | ADDITIONAL NAME(S)/INITIAL(S) | SUFFIX | |
| 2c. MAIL NG ADDRESS | CITY | STATE | POSTAL CODE | COUNTRY |

3. SECURED PARTY'S NAME (or NAME of ASSIGNEE of ASSIGNOR SECURED PARTY): Provide only one Secured Party name (3a or 3b)

| | | | | |
|--|-------------------------|-------------------------------|-----------------------------|----------------|
| 3a. ORGANIZATION'S NAME BlockFi Lending LLC | | | | |
| OR | | | | |
| 3b. INDIV DUAL'S SURNAME | FIRST PERSONAL NAME | ADDITIONAL NAME(S)/INITIAL(S) | SUFFIX | |
| 3c. MAIL NG ADDRESS 86 Chambers St Suite 205 | CITY New York | STATE NY | POSTAL CODE 10007 | COUNTRY USA |

4. COLLATERAL: This financing statement covers the following collateral:

Pursuant to that certain Loan and Security Agreement, dated as of 4/18/19 (the "Effective Date"), by and between the Debtor and the Secured Party (the "LSA"), all of the following: (i) the Depository Account (as defined in the LSA), (ii) all cryptocurrency now or in the future held in, on deposit in or otherwise allocated to the Depository Account (as defined in the LSA) (including, without limitation, any cryptocurrency transferred to the Depository Account (as defined in the LSA) after the Effective Date by the Debtor pursuant to Section 7 of the LSA or otherwise), (iii) any other cryptocurrency now or in the future issued with respect to any of the foregoing cryptocurrency as a result of a fork or other event that results in the holders of cryptocurrency receiving additional or replacement cryptocurrency (whether or not such other cryptocurrency is held in, on deposit in or otherwise allocated to the Depository Account (as defined in the LSA)), (iv) all Bitcoin stored at Gemini Trust Company, LLC or, if different, such other digital asset depository referenced in the LSA (collectively, the "Depository"), (v) all rights to receive delivery of or withdraw any of the foregoing cryptocurrency from the Depository and all rights against the Depository with respect to the Depository Account (as defined in the LSA), any of the foregoing cryptocurrency, and the proceeds thereof, and (vi) all proceeds of the foregoing.

5. Check only if applicable and check only one box: Collateral is held in a Trust (see UCC1Ad, item 17 and Instructions) being administered by a Decedent's Personal Representative

6a. Check only if applicable and check only one box:

Public-Finance Transaction Manufactured-Home Transaction A Debtor is a Transmitting Utility

6b. Check only if applicable and check only one box:

Agricultural Lien Non-UCC Filing

7. ALTERNATIVE DESIGNATION (if applicable): Lessee/Lessor Consignee/Consignor Seller/Buyer Bailee/Bailor Licensee/Licensor

8. OPTIONAL FILER REFERENCE DATA: